

Incident Report - (Incident UID - IMF/TTK/COI/III/25/00133)

Incident Information

Incident UID	IMF/TTK/COI/III/25/00133	Category Name	Injury
Incident Description		Status	FinalReportReleased
Site Name	Coimbatore	Department Name	Maintenance
Incident Date & Time	22-Sep-2025 04:00:00 AM	Created On	22-Sep-2025 08:19:32 PM
Reported By	Sayan Mondal		

Sections

Photograph of injury & machine

Attach: 0

Injury treatment details

Number of people injured: 0	Details of treatment given & doctor's advice:: NA
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Injured person details

Name of the injured person: N A	Gender: 0	Role – ON / OFF: 0	No. of year's total experience in TTK prestige: 0
No. of years in this process / machine: 0	Injury happened in which shift?: NA		

Immediate Corrective Actions taken

Actions				
S.No	Action	Responsibility	Status	Action completion date
1	NA	NA	NA	NA

Level of injury	<input type="radio"/> L1 - Burn <input type="radio"/> L2 - Abrasion <input type="radio"/> L3 - Laceration <input type="radio"/> L4 - Fracture <input type="radio"/> L5 - Amputation
Category of Incident	<input type="radio"/> Category 1 - Fatal - Reportable <input type="radio"/> Category 2 - Permanent Disamblems - Reportable <input type="radio"/> Category 3 - Partial Disablements - Reportable <input type="radio"/> Category 4 - Injury taken to outside hospital - Non Reportable
Treatment of injury	<input checked="" type="radio"/> Treated at OHC <input type="radio"/> Referred to Hospital for Treatment <input type="radio"/> Treated at OHC & Referred for Diagnosis

FIR Team

Sequence	Name	Level of Approver
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